THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28373
STATE FILE NUMBER

FILED AUG 30 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3783

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph's Hosp — Length of stay in Hospital 20 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 439 No Drury — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First HANLEY Middle H Last THOMAS
4. DATE OF DEATH Month Aug Day 10 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Sept 12 1906
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane operator
10b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel
11. BIRTHPLACE (City and state or country) Stone County Arkansas
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles Thomas
13b. MOTHER'S MAIDEN NAME Allie Gowens
14. NAME OF HUSBAND OR WIFE Alice K Thomas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 495-20-2087
17. INFORMANT Mrs Alice Thomas 439 No Drury Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Agranulocytic Lymphatic Leukemia — 2 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1955, to 8-10-57 and last saw him alive on Aug 10th -57
Death occurred at 11:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P A Kienberger (Degree or title) MD
22b. ADDRESS 5246 St John
22c. DATE SIGNED 8/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug 12 1957
23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City Missouri

24. FUNERAL DIRECTOR ADDRESS Sheil Funeral Home Kansas City Mo
25. DATE RECD. BY LOCAL REG. 8-12-57
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases, in Part I must be causally related.

P.A. Kienberger

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Richard E. Carroll

Licensed Embalmer No. 4829

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.